STATE CONVENTION FACILITY DEVELOPMENT TAX RETURN

Issued under P.A. 106 of 1985. Filing is mandatory. Failure to file may result in penaty and interest.

Due: 15th of each month.

Hotel Name		Return Period (month/year)	Account No. (same as use tax number)		
Registered Business Name (or DBA)					
			1. Number of guest rooms		
Street Address, City, State ZIP			2. Amount of monthly room charges 3. Tax rate (see chart) 4. Multiply line 2 by line 3 5. Applicable penalty and interest		
		3. Tax rate (see chart)			
		4. Multiply line 2 by line			
		5. Applicable penalty a			
		6. Tax Due. Add lines			
Authorized Signature Date			Make check payable to: State of Michigan		
		Mail to: Michigan Depa	artment of Treasury		
Telephone No.			P.O. Box 12216		
()		Lansing, MI 48	Lansing, MI 48901		

Michigan Department of Treasury 407 (10-97), Formerly C-3096

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Due: 15th of each month.

Hotel Name		Return Period (month/year)	Account No. (same as use tax number)	
Registered Business Name (or DBA)				
		1. Number of guest rooms		
Street Address, City, State ZIP		Amount of monthly room charges		
		3. Tax rate (see chart) 4. Multiply line 2 by line 3		
		6. Tax Due. Add lines 4 and 5		
uthorized Signature Date		Make check payable to: State of Michigan		
		Mail to: Michigan Departme	ent of Treasury	
Telephone No.		P.O. Box 12216		
()		Lansing, MI 48901		

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Registered Business Name (or DBA)				
		1. Number of guest rooms	s	
Street Address, City, State ZIP		Amount of monthly room charges		
		3. Tax rate (see chart) 4. Multiply line 2 by line 3		
				5. Applicable penalty and interest
				6. Tax Due. Add lines 4 a
Authorized Signature	Date	Make check payable to: S		
		Mail to: Michigan Departn	nent of Treasury	
Telephone No.		P.O. Box 12216		
()		Lansing, MI 48901		